

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS

RECEIVED

2012 OCT 24 AM 8:42

FEC MAIL CENTER

1. Person Making the Disbursements/Obligations

(a) Name <u>Set it straight</u>		2. FEC Identification Number <u>C30001861</u>
(b) Address (number and street) <input type="checkbox"/> Check if different than previously reported <u>5160 Heathstone Ln.</u>		
(c) City, State and ZIP Code <u>Colorado Springs CO 80919</u>		
(d) Name of Employer or Principal Place of Business <u>PATRICK DAVIS CONSULTING</u>		
(e) Occupation <u>Consulting</u>		

3. Is This Statement	<input checked="" type="checkbox"/> New	4. Covering Period	<u>10</u> / <u>12</u> / <u>2012</u>
	or <input type="checkbox"/> Amended		through <u>10</u> / <u>13</u> / <u>2012</u>

5. (a) Date of Public Distribution(s)	<u>10</u> / <u>12</u> / <u>2012</u>	(b) Communication Title	<u>GDTV+ETT</u>
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6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☒

8. Custodian of Records

(a) Name <u>PATRICK DAVIS</u>	
(b) Address (number and street) <u>5160 Heathstone Ln.</u>	
(c) City, State and ZIP Code <u>Colorado Springs, CO 80919</u>	
(d) Name of Employer or Principal Place of Business <u>PATRICK DAVIS CONSULTING</u>	(e) Occupation <u>Consulting</u>

9. Total Donations This Statement	<u>0.00</u>
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10. Total Disbursements/Obligations This Statement	<u>3200.00</u>
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Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM PATRICK DAVIS

SIGNATURE [Signature] DATE 10-17-12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name <u>PATRICK DAVIS</u>
	(b) Address (number and street) <u>5160 HENTSTONE LN.</u>
	(c) City, State and ZIP Code <u>COMADO SPRINGS CO 80919</u>
	(d) Name of Employer or Principal Place of Business <u>PATRICK DAVIS CONSULTING</u>
	(e) Occupation <u>CONSULTING</u>
B.	(a) Name <u>CHRISTINE QUINN BURTT</u>
	(b) Address (number and street) <u>2181 S. COLUMBINE ST.</u>
	(c) City, State and ZIP Code <u>DENVER, CO 80210</u>
	(d) Name of Employer or Principal Place of Business <u>CQB+ASSOCIATES</u>
	(e) Occupation <u>CONSULTING</u>
C.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
D.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
E.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE **3** OF **4**

<p>A. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> </p> <p>Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>B. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> </p> <p>Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>C. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> </p> <p>Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>D. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> </p> <p>Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>E. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> </p> <p>Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> <div style="border: 1px solid black; height: 20px; width: 100%; display: flex; justify-content: flex-end; align-items: center; padding-right: 10px;"> 000 </div>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee <u>CC Advertising</u> Mailing Address of Payee <u>5920 Fort Dr. Ste. 302</u> City State Zip Code <u>Centerville VA 20121</u> Name of Employer Occupation <u>CC Advertising Data + Research</u> Purpose of Disbursement (Including title(s) of communication(s)) <u>GOTV + ETT For Mike Coffman</u>				Date of Disbursement or Obligation MM / DD / YYYY <u>10 / 17 / 2012</u> Amount <u>3,200.00</u> Communication Date MM / DD / YYYY <u>10 / 12 / 2012</u>	
Name of Federal Candidate Office Sought: <u>Mike Coffman</u>		<input checked="" type="checkbox"/> House State: <u>CD</u> <input type="checkbox"/> Senate District: <u>D6</u> <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: 		<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: 		<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee Mailing Address of Payee City State Zip Code Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s))				Date of Disbursement or Obligation MM / DD / YYYY Amount Communication Date MM / DD / YYYY	
Name of Federal Candidate Office Sought: 		<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: 		<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: 		<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	3,200.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	3,200.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>10/19/2012</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JB</i> PREPARER (3/2005)	<i>10/24/2012</i> DATE PREPARED